

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90363 034 ****61.25

0057662

DOCUMENT # N96000000590

1. Entity Name

PARKWAY NORTH COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 15654
FERNANDINA BEACH FL 32035
US

P.O. BOX 15654
FERNANDINA BEACH FL 32035
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3373265

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEY, SARA
1543 CANOPY DRIVE?
FERNANDINA BEACH FL 32034

Name Charles A Mortensen

Street Address (P.O. Box Number is Not Acceptable)

4400 Titleist Drive

City Fernandina Beach

FL

Zip Code 32034

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Charles Mortensen

Charles Mortensen, Treasurer/Director

3/12/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BUECKER, FRANK	
STREET ADDRESS	1583 CANOPY DRIVE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LANG, JAMES R	
STREET ADDRESS	4433 TITLEIST DR	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MUNGO, KIMMIE L	
STREET ADDRESS	4448 BEAN ST	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KEY, SARA	
STREET ADDRESS	1543 CANOPY DR	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Duane Dickey	
STREET ADDRESS	4403 Titleist Drive	
CITY-ST-ZIP	Fernandina Beach, FL 32034	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Forrest	
STREET ADDRESS	1506 Canopy Drive	
CITY-ST-ZIP	Fernandina Beach, FL 32034	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Mortensen	
STREET ADDRESS	4400 Titleist Drive	
CITY-ST-ZIP	Fernandina Beach, FL 32034	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pamela Donovan	
STREET ADDRESS	4439 Titleist Drive	
CITY-ST-ZIP	Fernandina Beach, FL 32034	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ron Flick	
STREET ADDRESS	4445 Bean Street	
CITY-ST-ZIP	Fernandina Beach, FL 32034	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dennis Andrew	
STREET ADDRESS	1559 Canopy Drive	
CITY-ST-ZIP	Fernandina Beach, FL 32034	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles Mortensen (TD)

3/12/02 904-321-2749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)